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|---|----------------------------------|---|--------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                                  | Docket Number (Optional)<br>345288017US |                          |
| Application Number<br>10/800,393-Conf. #7182  |                                  | Filed<br>March 12, 2004                 |                          |
| For ALERTING USERS TO ITEMS OF CURRENT INTEREST   |                                  |   |                          |
| Art Unit<br>2165  |                                  | Examiner<br>N. Abel-Jaili               |                          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                          |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | Fee<br>\$120                            | Small Entity Fee<br>\$60 |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$460                                   | \$230                    |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1050                                  | \$525                    |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640                                  | \$820                    |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230                                  | \$1115                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                          |
| <input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM   |                                  |   |                          |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency in fees or credit any overpayment to Deposit Account Number <u>50-0665</u> .                           |                                  |   |                          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b><br>Provide credit card information and authorization on PTO-2038.            |                                  |   |                          |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,807</u>  |                                  |   |                          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |   |                          |
| _____<br>Signature  |                                  | _____<br>Date                           |                          |
| _____<br>Christopher J. Daley-Watson  |                                  | _____<br>(206) 359-8000                 |                          |
| _____<br>Typed or printed name  |                                  | _____<br>Telephone Number               |                          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |   |                          |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |                                  |   |                          |